

The Veterans Health Subcommittee has heard about the increasing rates of TBI among our returning veterans. A DOD study after Vietnam found that 53 percent of soldiers with brain injuries suffered from a penetrating TBI, the most severe type of TBI. About 15 percent of these also developed epilepsy soon after their injury.

Longer deployments put our heroes at greater risk for these injuries and mental health conditions. At the same time, advancements in medicine have saved many soldiers from injuries that only a few years ago would have been fatal. The result is a greater number of vets in the VA health care system with these types of injuries.

As a veteran myself, I was proud to serve my country at the end of the Vietnam War. Vietnam veterans returned home with head injuries, TBI and PTSD, but were not properly diagnosed. This bill honors their service by improving access to health care for current and future veterans. H.R. 2818 will go a long way in helping change our health care system to one that is prepared for tomorrow's challenges.

I encourage my colleagues on both sides of the aisle to support this legislation, as we did in the Veterans Affairs Committee, and I want to especially once again thank our Congressman from Colorado, who has a special interest for his leadership in making sure that our veterans have the health care that they deserve.

Mr. BUYER. Mr. Speaker, I yield myself such time as I may consume.

I want to thank the gentleman from Colorado. He is a very valuable member of the Veterans' Affairs Committee. He and I have traveled part of the world together and I have tremendous respect for him. He also knows the Veterans' Affairs Committee works best when it works in a bipartisan fashion. So I turn to my good friend and ask for that help and assistance and best counsel that he can give to the chairman to stop the divisiveness that occurs on the committee by the actions he has been taking.

With that, I embrace the gentleman from Colorado. The gentleman should also know if the House is not going to address the big energy issues that also face America, and in particular your State with regard to oil shale and being able to access important sources of oil for this country, then I have to be able to create the nexus, Mr. Chairman, where I can, to talk about the impact of energy on this country and the impact upon veterans in this country.

With that, I reserve my time.

Mr. FILNER. I am the closing speaker on our side, Mr. Speaker, so I reserve the balance of my time.

Mr. BUYER. Mr. Speaker, I urge my colleagues to support H.R. 2818, as amended, and, with that, I yield back.

Mr. FILNER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, with all the huffing and puffing, I am glad the minority ranking member supports the bill. Let me

remind people what this bill is all about. It is about our veterans. It is about our veterans.

A DOD study after Vietnam found in fact that 15 percent of veterans with severe traumatic brain injury, TBI, developed epilepsy soon after their injury. We know how many TBI victims we have from Iraq and Afghanistan. So as more and more veterans move from DOD health care to the VA health care system, the VA must be prepared to treat TBI and epilepsy.

The Epilepsy Centers of Excellence in this bill by Mr. PERLMUTTER of Colorado would function as centers of research on the diagnosis, treatment and long-term effects of epilepsy. It gives the VA the tools to provide to veterans with epilepsy the quality of care that they deserve.

I join my ranking member in urging my colleagues to support H.R. 2818, as amended.

GENERAL LEAVE

Mr. FILNER. Mr. Speaker, I would ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2818, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. FILNER. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, H.R. 2818, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title was amended so as to read: "A bill to amend title 38, United States Code, to provide for the establishment of epilepsy centers of excellence in the Veterans Health Administration of the Department of Veterans Affairs."

A motion to reconsider was laid on the table.

PROVIDING FOR AN ADJOURNMENT OR RECESS OF THE TWO HOUSES

Mr. GEORGE MILLER of California. Mr. Speaker, I send to the desk a privileged concurrent resolution and ask for its immediate consideration.

The Clerk read the concurrent resolution, as follows:

H. CON. RES. 379

Resolved by the House of Representatives (the Senate concurring), That when the House adjourns on the legislative day of Thursday, June 26, 2008, or Friday, June 27, 2008, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand adjourned until 2 p.m. on Tuesday, July 8, 2008, or until the time of any reassembly pursuant to section 2 of this concurrent resolution, whichever occurs first; and that when the Senate recesses or

adjourns on any day from Thursday, June 26, 2008, through Friday, July 4, 2008, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand recessed or adjourned until noon on Monday, July 7, 2008, or such other time on that day as may be specified in the motion to recess or adjourn, or until the time of any reassembly pursuant to section 2 of this concurrent resolution, whichever occurs first.

SEC. 2. The Speaker of the House and the Majority Leader of the Senate, or their respective designees, acting jointly after consultation with the Minority Leader of the House and the Minority Leader of the Senate, shall notify the Members of the House and the Senate, respectively, to reassemble at such place and time as they may designate if, in their opinion, the public interest shall warrant it.

The SPEAKER pro tempore (Mr. SHULER). The question is on the concurrent resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. McKEON. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

GENERAL LEAVE

Mr. GEORGE MILLER of California. Mr. Speaker, I request 5 legislative days during which Members may revise and extend their remarks and insert extraneous material on H.R. 5876 into the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

STOP CHILD ABUSE IN RESIDENTIAL PROGRAMS FOR TEENS ACT OF 2008

The SPEAKER pro tempore. Pursuant to House Resolution 1276 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 5876.

□ 1557

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 5876) to require certain standards and enforcement provisions to prevent child abuse and neglect in residential programs, and for other purposes, with Ms. MCCOLLUM of Minnesota in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. Pursuant to the rule, the bill is considered read the first time.

The gentleman from California (Mr. GEORGE MILLER) and the gentleman from California (Mr. McKEON) each will control 30 minutes.

The Chair recognizes the gentleman from California (Mr. GEORGE MILLER).

Mr. GEORGE MILLER of California. Madam Chairman, I yield myself such time as I may consume.

I rise today in strong support of H.R. 5876, the Stop Child Abuse in Residential Programs For Teens Act of 2008. Last year, a 17-year-old boy in a Maryland residential program for teens became unresponsive after he was physically restrained by staff members. According to the press reports, prosecutors alleged that the staff members waited 41 minutes to call 911 because they thought the boy was faking. The boy died. A 15-year-old boy in a wilderness camp in Colorado died in May 2007 from a staph infection. According to the press reports, State authorities said the boy showed observable signs of infection that were neglected by the camp staff members.

Tragically, these recent deaths are not isolated cases. The Government Accountability Office has thousands of cases and allegations of child abuse and neglect stretching back decades in teen residential programs, including boot camps, wilderness camps and therapeutic boarding schools.

The Education and Labor Committee has closely examined a number of these neglect and abuse cases, including cases that resulted in the death of a child. We have heard stories about program staff members forcing children to remain in so-called stress positions for hours at a time, to stand with bags over their heads and nooses around their necks in mock hangings, to eat foods to which they were allergic, even as they got sick, or to eat their own vomit. We have heard from parents of children who died preventable deaths at the hands of untrained, uncaring staff members.

□ 1600

Bob Bacon testified that program staff members mocked his son, Aaron, when the 16-year-old boy asked for medical help, calling him a faker. For weeks, the staff deprived Aaron of adequate food and water even though his weight loss became frighteningly apparent. When Bob and his wife Sally went to the mortuary to see their son, they found scars of abuse and dried skin stretched taut over Aaron's bones.

Cynthia Harvey told the Education and Labor Committee that program staff members waited 45 minutes before summoning appropriate medical care for her daughter, Erica, who had collapsed and was having difficulty breathing.

Paul Lewis testified that program staff members ignored his son Ryan's obvious signs of emotional distress, denying him psychiatric care that could have saved his life.

In addition to wrenching stories like these parents told, the Education and Labor Committee has also heard from adults who attended these programs as teens. They too were victims of physical and emotional abuse and witnessed other children being abused.

Madam Chairman, these abuses have been allowed to continue unchecked

because of the weak patchwork of State and Federal regulations governing teen residential programs.

An exhaustive 18-month study by the Government Accountability Office showed that State licensing programs may exclude certain types of teen residential programs, and thus place children at higher risk of abuse and neglect. In some States, inconsistent licensing enables programs to define themselves out of the licensing altogether. According to the GAO, in Texas a program that calls itself a residential treatment center would be required to obtain a license; but if that same program were simply called a boarding school, it would not require a license. Even when licensing exists, GAO found that there may not be minimum standards to effectively prevent child abuse and neglect.

Parents often send their children to these programs when they feel they have exhausted all their alternatives. Their children may be abusing drugs or alcohol, attempting to run away—or physically harm themselves—or otherwise acting out. Parents turn to these programs because of the promise that staff members will help their children straighten their lives out. And surely there are many cases in which programs do provide families with the help they need. In far too many cases, however, the very people entrusted with the safety, health, and welfare of these children are the ones who violate the trust in some of the most awful ways imaginable.

We have learned a great deal from the Government Accountability Office about programs' irresponsible operating practices that put kids at risk and about the deceitful marketing practices that programs use to lure parents desperate for help for their children. The Government Accountability Office also found examples of the shady network that programs sometimes relied on, such as referral service providers that claim to offer independent services to parents but that actually have close financial or personal ties to the very programs that they are "independently recommending."

We know that there are many programs and people around the country who are committed to helping improve the lives of young people and who do good work every day. But, unfortunately, it has become extremely difficult for parents to tell the good programs from the bad. And I would remind you again that very often these parents seek nothing but the best for their children, children who are extremely difficult to handle, who have failed in other efforts and other programs to deal with their problems. So these parents have exhausted most of their options, and then they run into some of these programs which then endanger their child even though the parent is seeking the best for their child.

The legislation before us today, H.R. 5876, would help keep children safe in

residential programs and help ensure that parents have information they need to make safer choices for their kids. The legislation requires the U.S. Department of Health and Human Services to establish minimum standards for private programs to enforce those standards.

With children's health and safety at risk, this Federal rule is a necessary recognition that we are dealing with an emergency and we cannot wait for the States to act. These abuses have been going on for years. States have had time to act and in many instances they have failed to do so.

Ultimately, however, States will be primarily responsible for carrying out the work of this bill. The legislation calls for States within 3 years to take up the role of setting standards and enforcing them on all programs, both public and private.

The Health and Human Services Administration and the State standards would include prohibitions on physical, sexual, and mental abuse of children. The standards would require that programs provide children with adequate food, water, and medical care. They would require that programs have plans in place to handle medical emergencies. They would also include new training requirements for program staff members, including training on how to identify and report child abuse.

The legislation requires Health and Human Services to set up a toll-free hotline for people to call to report abuse in these programs.

As you can see, Madam Chair, these are minimum requirements for the health and the safety of the children that have been placed in this care.

It also requires Health and Human Services to create a Web site with information about each program so that parents can look and see if substantiated cases of abuse have occurred at a program that they are considering for their children.

Finally, the legislation helps prevent programs from using deceptive marketing tactics to target parents. Among other things, it requires programs to disclose to parents the qualifications, roles, and responsibilities of all current staff members, and requires programs to notify parents of substantiated reports of child abuse or violations of health and safety laws.

The legislation has the strong support of the American Association of Residential Centers. One of the association board members, Dr. Christopher Bellonci, testified in support of the legislation earlier this year. He said, and I quote, "The goal of this legislation is to ensure that children are not abused in these treatment settings, not to limit access to appropriate, regulated, and licensed residential care for children who are in need of these services. All of us working in licensed residential centers should support this goal."

Madam Chairman, we have a responsibility to keep children safe no matter what setting they are in, and today we

are taking an important step towards finally ending the horrific abuses that have gone on far too long in residential programs for teens.

I want to thank Congresswoman MCCARTHY of our committee for her hard work on this legislation, and I want to thank Congressman MCKEON for his effort. And we will be offering a manager's amendment later that I think will help make this bill bipartisan and helps deal with some of the concerns that people had with the legislation. So I want to thank Congressman MCKEON and his staff.

I reserve the balance of my time.

Mr. MCKEON. Madam Chairman, I yield myself such time as I may consume.

We are here today to consider a bill that will help protect the thousands of young people enrolled in residential treatment facilities.

Although we don't know exactly how many such facilities exist, it is estimated that hundreds of them have been established all around the country. We will hear a lot about boot camps today, but there are a range of residential treatment programs, both public and private, ranging from wilderness therapy to boarding schools.

Many of these programs are successful, helping troubled teens overcome addiction, emotional struggles, and other challenges in order to turn their lives around. We are here today not because of the success stories, and there are many, but because of cases where these programs have harmed the young people they are meant to heal.

Over the last several years, the Government Accountability Office has been conducting a series of inquiries into reports of child abuse, neglect, and even death at residential treatment programs for teens.

Beginning last fall, the Education and Labor Committee heard testimony from the GAO on its findings. We also heard directly from victims of abuse and from the families of teens who lost their lives.

The stories we heard were devastating and the response was unequivocal: Someone needs to take responsibility for regulating and monitoring these programs and enforcing strong protections for the young people they enroll. However, even though we know the need to regulate these programs is clear, we are faced with many obstacles in determining the best approach.

The threshold challenge we face is to determine exactly what facilities we are talking about. Even the GAO, which has spent years investigating these programs, cannot offer a precise count or even an estimate of how many such programs exist and where they are located.

There is also the question of protecting against abuse while still allowing effective programs to serve families. As I mentioned earlier, in addition to stories of neglect and victimization, our inquiries into these programs also

brought to light numerous success stories. We heard from young people who suffered from drug addiction, emotional and behavioral troubles, and other self-injuring behaviors. They credited residential treatment programs with turning their lives around.

Balancing these and other challenges, and after a process of review, analysis, and cooperation, I am pleased that we have developed a bipartisan proposal that will ensure the effective regulation, monitoring, and enforcement of these programs by the States, with the Federal Government playing an appropriate oversight role.

I appreciate Chairman MILLER's willingness to work with our side of the aisle throughout this process, and particularly over the last several days as we were able to forge a compromise that achieves our shared goal of protecting young people without creating the type of parallel and conflicting dual-regularity structure envisioned in the original bill.

As with any piece of legislation, this bill is not yet perfect. I remain concerned about potential conflicts between State child abuse laws and the new definitions and interpretations established here at the Federal level. I also think we need to consider whether linkages to the Child Abuse Prevention and Treatment Act will be sufficient to ensure States are fulfilling their duties to protect the young people in these programs. But on the whole, I am pleased with the progress we have made to develop a strong bipartisan bill that will help put an end to the cases of abuse, neglect, and death in these facilities.

Madam Chairman, I reserve the balance of my time.

Mr. GEORGE MILLER of California. Madam Chairman, I yield 3 minutes to the gentlewoman from the District of Columbia (Ms. NORTON).

Ms. NORTON. I thank the chairman for yielding and I thank him and I thank the ranking member as well for a bill that is, I think, very important to the country.

This is a matter of State regulation and will remain and should remain a matter of State regulation. But the fact is that there are many jurisdictions like my own which, because of the nature of the mental or the emotional or the behavioral problem of a particular child and the attempt to match that with the child's needs, may be required to send the child out of State. That is more likely to be the case if you are in a city, a medium-sized city like the District of Columbia which of course, does not have State facilities, but it is true of every State. We have learned of instances where I think even with the best efforts of the city, and the city has been to blame some of the time, there would have been very little that the city could have done unless there was a monitor on the spot. And understand, it costs hundreds of millions of dollars to send these children out of State. This is

very expensive to do, but you do it for a young child, in the hope that you can help this child and bring this child back.

We had a situation recently, Madam Chair, where the city was sued, this city, the District of Columbia was sued for a hefty amount because the city had sent a child to a clinic in Pennsylvania and the child was raped by a very trusted counselor.

Now, perhaps the city should have been sued, so I am certainly not here to say whose fault it was, and I know nothing of the regulations of the State of Pennsylvania. I do know this: That if there are not minimum standards across these United States, no city or jurisdiction which sends children to another jurisdiction can be confident that every day, everything is going to happen as expected.

There is a monitor of child welfare matters in the District of Columbia, and she recently reported that, for example, that some District children that were being treated in Florida like "garbage." And the only way the District of Columbia knew was they read it in the newspapers. Now, what were they supposed to do, have somebody down there looking every day at what they were doing? Perhaps it was their fault. But we do not know if there were standards, such as the chairman and the committee have proposed here.

We just had to take some children out of something called "therapeutic restraint," Madam Chair, after we found that the children's arms had been broken as a part of this therapeutic restraint. Excuse me, spare me this therapy.

In this city, at least, we send hundreds upon hundreds of children to such schools around the country. It costs the District of Columbia \$210 million a year. If you are in a larger State, this child may go within the State. Even so, there are large numbers who don't go within the State.

I want to thank the chairman for simply creating standards, and by the way, standards that will apply to the public sector and not only the private sector. There is no private right of action given by this bill. I particularly like the random inspections, because you never know if they are going to look at you.

□ 1615

Mr. GEORGE MILLER of California. I yield the gentlewoman 1 additional minute.

Ms. NORTON. Madam Chairman, I like the commonsense, low-cost approach here because we obviously are not trying to duplicate what they do in the States. The random inspections will say to you, you never know if they are going to come to get you, and there are States that don't do such inspections. The fact that we are not talking about suing you, these people know how to get lawyers to sue under the appropriate circumstances.

In any case, we don't want to do something after the fact. We want to

be assured if we have to send our children to another jurisdiction, that all will be well to the greatest extent possible. This bill, which covers the entire country, will, I think, restore the confidence of many parents that in fact at least the Congress has done all it can.

I thank the chair and the ranking member and the committee again for this important bill.

Mr. McKEON. Madam Chairman, I yield 4 minutes to the gentleman from Utah (Mr. BISHOP), a member of the committee.

Mr. BISHOP of Utah. Madam Chairman, first of all, I wish to thank the two gentlemen from California, Mr. McKEON and as much as I hate to, Mr. MILLER as well, for continuing to work on this particular bill. To say that this bill that is before us today is vastly better than the one that came out of the committee is definitely one of the understatements of the century, and so I appreciate their efforts to continue to try to make improvements on this particular bill.

I still have some problems. You know, this is the era of the NBA draft, and every team that's involved in the NBA draft is going through all of the data. They are going through all the pictures, they are going through the reviews, and they are checking the schedules of all the players. Not one of them is basing their decisions on a couple of comments in the yearbook written in the high school year of one of the kids.

Unfortunately, this bill is based upon a GAO report that is spotty at best which dealt with anecdotal evidence, several deaths of teens that were reported in this program. My office received a very emotional call from one of those who was cited, one of the programs that was cited, saying that the death had been found to be an accident, but GAO had never asked them about it. In fact, the GAO investigator admitted the eight anecdotal cases that were brought before us, only one resulted in any kind of criminal activity which simply meant either these problems were dealt with in a professional way or the legal system failed us miserably.

The GAO investigator admitted not knowing how many problems existed and the depth of the problem, if there was any, because no official study had been done on those particular areas.

Instead, perceptions were made on these particular programs which are designed to help troubled youth, youth in difficult situations to begin with.

One of the studies I did see indicated that in a study that was done, wilderness programs like this designed for troubled kids estimate about 1.1 injuries of all kinds per 1,000 days of participation. High school football camps have 19.7 injuries per 1,000 days of participation. In fact, even average kids living at home who have a driver's license are estimated at 4.5 accidents per 1,000 days.

We are dealing with a situation here which is more anecdotal than actual,

and we are still coming up with a bill, much better than what we had in committee, but still has a few problems. Subsection (J) still insists on a sex offender registry that is yet to be up and running. Subsection (M) deals with parental requirements in which the parent is supposed to give information yet there is no enforcement mechanism to ensure the parent actually gives that particular recommendation. So there is still work that needs to be done on this.

Perhaps I can end with a quote from a parent whose daughter was actually in the same program as one of those who testified in front of the committee in which she said: Improvements can only happen when they are based on reality rather than generalizations and politics.

The reality is that there are three basic approaches to residential placement of youth, and each has its own strengths and weaknesses and a different route to improve each. First, there are juvenile justice institutions; second, treatment facilities including psychiatric hospitals and residential treatment centers; and the third general type are those that we refer to as parental-choice schools and programs.

We can and need to do better, but a solution will come about from reasoned discussions and step-by-step improvements that address the real problems in each type of approach. I am dubious that the Federal Government has the ability to improve the situation. This is partly based on what I have seen in the committee hearings where the emphasis was on wringing political condemnations, blurring boundaries and appealing to ideology and biases, and partly because of chronic problems existing in the current public-funded and controlled programs.

In short, this is an approach in which the States, especially my State, are actually solving the problem in a better way right now. We do not need the Federal Government to be involved in this particular program.

The CHAIRMAN. The gentleman's time has expired.

Mr. McKEON. I yield the gentleman an additional minute.

Mr. BISHOP of Utah. I am told that one of the quirks of the system we have right now is in the State of California. Anyone who is age 14 or older can check him or herself out of a situation or a program, which may be one of the reasons why programs in other parts of the country have almost 30 percent of their residents in these parent-type choice programs coming from the State of California. Maybe in the future we should work on how California deals with the situation internally instead of having a one-size-fits-all program here when the States are close to the problem and actually have stepped up to the plate and are doing a better job in trying to emphasize and control these programs than anything that we can do here on the Federal level.

With that, once again I thank the chairman and the ranking member for improving this bill from where it was.

Mr. GEORGE MILLER of California. I yield 2 minutes to the gentleman from Washington (Mr. McDERMOTT).

(Mr. McDERMOTT asked and was given permission to revise and extend his remarks.)

Mr. McDERMOTT. Madam Chairman, as a child psychiatrist, I have seen lots of these kids. I have seen them both in detention centers and in mental health facilities and in a variety of settings in which youngsters with really severe problems, people try to handle them. And it is with that in mind, that is why I rise in strong support of H.R. 5876, the Stop Child Abuse in Residential Programs For Teens Act of 2008.

It was introduced by my friend, GEORGE MILLER, and I am proud to be a cosponsor of what is a very important piece of legislation that will help protect America's kids.

In answer to the remarks of one of my colleagues just a moment ago about whether or not maybe we ought to let California deal with their problems, this is a problem nationwide. This is not a California problem. There are parents all over this country who have severely disturbed youngsters who try to find a place to place a kid in hopes that the program that is offered will in some way help their child get back on the track to being a successful adult. There are thousands of these youngsters every year that look for a place, some in their States, some outside their State. Parents know what they know. They may not know what the rules are in various States, and in some ways it is almost inevitable something like this, because of the transfer across State lines, that we have a national standard by which we require programs to operate.

They go to these programs for help in facing behavior and emotional problems, substance abuse and sometimes elements of building self-confidence that are known as bootstrap programs or wilderness camps or self-help boarding schools, and they operate across the country.

Now the teenagers who come into these programs receive help.

The CHAIRMAN. The gentleman's time has expired.

Mr. GEORGE MILLER of California. I yield 1 additional minute.

Mr. McDERMOTT. But tragically, Madam Chairman, they sometimes become the victims of child abuse and neglect. And you have heard about the GAO study, and I think there are plenty of examples about why this is necessary.

The bill would stop any program from restraining kids for any reason other than safety. It would stop a program from withholding essential food and water, clothing and shelter. It would mandate education and training for workers. It would require operators to disclose everything from the roles and responsibilities of their employees to confirmed cases of abuse.

Now to ensure compliance, the department will be empowered to carry out unannounced inspections and enforcement. And above all, this bill places the safety and well-being of the child above marketing hype and unscrupulous operators. In some cases, people have closed a program in one State and moved to another State. These programs that truly help children with a positive, uplifting experience will only benefit from this legislation.

There is no place in America for a program that hurts kids who are there trying to get help. This is not a bootstrap program, it is a dangerous program that should be changed or shut down, and I urge my colleagues to support this.

To allow children who are unable to control their own emotions and their own well-being to be in the hands of people who aren't thinking about them from their safety first is really a misguided program, and this bill will correct that.

Mr. McKEON. Madam Chairman, I yield 3 minutes to the gentleman from Idaho (Mr. SALI).

Mr. SALI. Madam Chairman, child abuse is a horrendous evil. Such abuse is reported on an average of every 10 seconds in the United States. And three children die every day in our country as a result of abuse. Any abuse in residential treatment programs is an incredible travesty.

While fighting child abuse poses a tremendous challenge for us to overcome, this bill is not the answer. The manager's amendment makes great progress in improving the bill, yet there remain provisions that are simply unconscionable for those who respect the system of Federalism long established in our Nation. H.R. 5876 represents a dramatic expansion of the Federal oversight role in really an unprecedented area. Most States already have systems in place to check the abuse that this legislation would supposedly address. Yet this legislation would trump those systems. This bill provides a one-size-fits-all mandate for residential treatment facilities, inflexible to the needs of actual children and unresponsive to the local challenges faced by such youth treatment programs.

Residential treatment programs have had a great impact on youth in my district in Idaho. For instance, Cherry Gulch is a small, owner-operated treatment facility located on 220 acres of pristine land near Boise, Idaho. The ranch-style therapeutic boarding school is designed specifically for 10- to 14-year-old boys, and has made an incredible difference in the lives of the youth who have participated in those programs. Yet directors of these facilities have expressed grave concerns to me that their needs will not be met by H.R. 5876.

For instance, as one treatment program director pointed out, in a State like Idaho where usage of drugs like

methamphetamine has exploded, giving every child the undefined right to so-called "reasonable" access to a telephone creates direct and unreasonable risks. Why allow youth the opportunity to contact drug dealers when the entire point of being put in such a facility is to overcome their addictions?

There is kind of political hubris to this approach. The attitude of this bill is that we here on Capitol Hill know better than people in our home States how to address the needs of abused children. I find that stunning. I would invite any of my colleagues to go back to their districts and talk with the people who day in and day out work to bring hope and healing to children victimized by abuse. I believe they will find it, as I have, quite humbling. We don't have all of the answers in Washington, D.C., and we certainly would be wrong to impose a top-down system of Federal management on States and localities.

Overall, I am certain that we can agree that it is important that children in residential treatment programs be protected. However, I do not believe that another Federal intrusion into the affairs of all 50 States is the answer.

In Federalist No. 8, James Madison warned of the dangers of creeping Federal powers over the States. In his words: "Ambitious encroachments of the Federal Government on the authority of the State governments would be signals of great alarm."

The CHAIRMAN. The gentleman's time has expired.

Mr. McKEON. I yield the gentleman an additional 1 minute.

Mr. SALI. When the Father of the Constitution issues such a warning, we should listen closely. Even more importantly, the Constitution of the United States says in the 10th amendment: "The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved for the States respectively, or to the people."

In 1941, the New Deal Supreme Court, in *Darby v. United States*, commented that this amendment is mere "truism." Many of us here in this body would challenge that assertion. The authority of the States and their right to govern their own affairs is not a trite and archaic remark but an essential aspect of our Federal system. We diminish it to the peril of our system of Federalism which has been vital to our freedom as a Nation.

H.R. 5876 is not a solution looking for a problem, but it is a solution that I will submit solves fewer problems than it will create.

□ 1630

The CHAIRMAN. The Committee will rise informally.

The Speaker pro tempore (Mr. McDERMOTT) assumed the chair.

MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was commu-

nicated to the House by Ms. Wanda Evans, one of his secretaries.

The SPEAKER pro tempore. The Committee will resume its sitting.

STOP CHILD ABUSE IN RESIDENTIAL PROGRAMS FOR TEENS ACT OF 2008

The Committee resumed its sitting.

Mr. GEORGE MILLER of California. Madam Chairman, I yield 3 minutes to the gentlewoman from New York (Mrs. MCCARTHY) who's been very, very involved in the drafting of this legislation and also in other matters before our committee to keep children safe in whatever setting they're in.

Mrs. MCCARTHY of New York. Madam Chairman, I want to start by saying congratulations to Chairman MILLER on this important day and thank him for his strong leadership over the many years that this has been an issue for him.

I also want to thank Chairman MILLER and the committee staff for working with me on this important legislation. When we started working on this issue in the committee, I became outraged over the testimony we heard. You see, children are dying.

I cannot forget the testimony of Bob Bacon, father of Aaron Bacon. Bob and his wife Sally were seeking the best alternative for their son, Aaron, who was struggling. They talked with therapists, counselors, pastors, and doctors, and were referred by friends to a particular program. They read, and I quote, in their very compelling brochure, spoke with the office on the phone, and met with the owners for a personal interview and chose this particular program for their son. They felt that the owners were caring people who had experience in counseling kids who were struggling with drugs and peer pressure.

He continued on in his testimony to our committee: "Of course, being normal, trusting, and honest people ourselves, we assumed we were being told the truth." They were not.

I will never forget the pain in the father's eyes when he told us that he regretted being talked into using the program's escort service, and here is why: At 5 a.m., Bob's son, Aaron, was taken from his bed under the threat of physical force if he resisted. Aaron was not permitted to speak to Bob or Sally, his mother, or father. His parents managed to hug him and tell him that it was for the best. The van backed out of the driveway, and Bob told us the pleading eyes of his son which begged them not to send him away haunt them today. They never spoke again.

Aaron died in the wilderness with the program's staff claiming he was faking the entire time. Aaron begged to be seen by a doctor. The criminal investigation illuminated 21 days, 21 days of physical and psychological abuse and neglect that Aaron experienced. There is no excuse for this.

This and many other stories are the cause of my outrage, and we should all